

THE ASSOCIATION BETWEEN ORGANIZATIONAL
SUPPORT CLIMATE AND INDIVIDUAL WORKER'S HEALTH

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Introduction. Poor social support at the workplace is known to be related to adverse health outcomes. However, the role of social support at the organizational level has been examined to a lesser extent. The aim of this study was to examine the association between organizational social support climate and indicators of individual worker's health (physical health, mental health and sick leave).

Methods. Results are based on pooled data from the BELSTRESS I (1995-'99) and BELSTRESS III (2004) studies comprising 24.402 workers (73% men) aged 30–59 years from 32 private companies and public administrations. Individual and socio-demographic factors, health indicators and work-related factors were assessed by means of self-administered questionnaires. The scale of social support at the workplace was composed of the sum score of 4 items on supervisor support and 4 items on coworker support from the Job Content Questionnaire. The Current Health Index comprising 13 items was included to assess physical health complaints. Depressive symptoms were measured by the 11-item Iowa form of the Center for Epidemiological Studies-Depression (CES-D) scale. Prospective data of registered sick leave during one calendar year were collected within 31 organizations. The individual social support scores were aggregated as mean values at the organizational level. Multilevel logistic regression analysis using the Glimmix procedure in SAS was conducted.

Results. Poor physical health (a minimum of 7 complaints on a total of 13) was reported by 29% and high depressive symptoms (score of 19 or higher on a scale ranging from 11 to 33) by 21% of the study sample. High sick leave frequency (a minimum of 3 sick leave episodes during follow-up) was observed in 17% of the sample. Several consecutive models were tested in multilevel analysis. First, a null model was produced including no predictor variables. Results showed that the proportion of variance in health outcome explained by the organizational level structure was 9% for poor physical health, 6% for depressive symptoms and 10% for high sick leave frequency. In a next phase, individual level predictor variables gender, age, educational level and perceived level of social support were entered in the model. The risks for the 3 adverse health outcomes were significantly higher in women, in lower educated and in workers perceiving low social support at the workplace. Organizational level social support was additionally entered in the final multilevel model. After adjusting for gender, age, educational level and perceived social support, social support at the organizational level had an independent and significant negative effect on high sick leave frequency. On the contrary, no associations with organizational social support were observed for perceived poor physical health and depressive symptoms.

Conclusion. Organizational level social support was independently associated with sick leave frequency. Working within an organizational climate characterized by a reduced level of social support resulted in higher sick leave frequency, independent from the individually perceived social support. In contrast, organizational support climate did not seem to relate to poor physical health and depressive symptoms. These results suggest that the phenomenon of sick leave frequency does not merely result directly from health-related problems, but is to some extent under the influence of the organizational support climate.

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